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necessary for them to give to meet their responsibilities. Nurses have very definite responsibilities, but it is not obvious to everyone that they have the authority which will enable them to meet them. It is believed that rank for nurses would increase the efficiency and dignity of the Army Nurse Corps.

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SOME QUOTATIONS FROM THE HEARINGS BEFORE THE SUB-  
COMMITTEE OF THE COMMITTEE ON MILITARY  
AFFAIRS, UNITED STATES SENATE <sup>1</sup>

SENATOR CHAMBERLAIN. There has been a great deal of insistence upon members of the Committee that there should be some change in the Nurse Corps in the matter of giving them rank—

GEN. IRELAND (interrupting). Yes, sir.

SENATOR CHAMBERLAIN. I wish you would discuss that a little. I do not know what your views are, but I wish you would discuss it to some extent.

GEN. IRELAND. My sympathies are entirely with the members of the Nurse Corps. I might say that I am probably the original advocate of the Nurse Corps in the Army. I went down to the beach at Siboney, and I asked the nurses who were on the Red Cross ship *Texas* to come ashore and help us, which was a very radical departure—

SENATOR CHAMBERLAIN. Where was this you did that?

GEN. IRELAND. At Siboney, Cuba, and it was a very radical departure, and never happened in the Army before. I have been in sympathy with them during all these years of their formative period, and I think I have been instrumental in assisting them in many ways. I hate to be in opposition to or opposing anything these splendid women want, but I think their idea of securing rank to better their position would be altogether wrong—altogether wrong.

SENATOR CHAMBERLAIN. Insisting upon rank, do you mean?

GEN. IRELAND. Yes, sir.

SENATOR CHAMBERLAIN. I have had complaints from nurses with whom and with whose antecedents I was well acquainted, where there was a disposition on the part of the commissioned personnel of the Army to treat them as enlisted men rather than as nurses—

GEN. IRELAND. But I have never seen any disposition of that kind.

THE CHAIRMAN. The complaint has been that the enlisted men of the Medical Department declined to obey the nurses' orders—

GEN. IRELAND. I have heard a good deal of complaint of that kind, but that finally comes down to the question of adaptability. I think that one of the nurses in a ward with a certain amount of tact will get generally what she wants. I personally have never seen any trouble in the nurses getting along with the enlisted men.

SENATOR CHAMBERLAIN. In case a nurse, say, a head nurse, in one of these institutions asks an enlisted man to do a certain thing, she has no power to compel it to be done by him, has she?

GEN. IRELAND. There is a regulation issued by the War Department, which has just been placed in my hands. It is dated May 13, 1919, and it was issued

[<sup>1</sup> Taken directly from the official record. Italics are ours.—Ed.]

at my request, and is taken *word for word*<sup>2</sup> from the regulations governing the English nurses. It is paragraph 1421½ of the Army Regulations.

THE CHAIRMAN. Will you please read it into the record?

GEN. IRELAND. I shall be pleased to do so.

1421½. (Added by C. A. R. No. 58.) As regards medical and sanitary matters and work in connection with the sick, members of the Army Nurse Corps and Army Nurse Corps Reserve are to be regarded as having authority in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due to their position. (C. A. R. No. 88, May 13, 1919.)

That is word for word the English regulation.

THE CHAIRMAN. And what is the date of that order there, General?

GEN. IRELAND. May 13, 1919. That order has been practically in force since 1917. There is just a word or two changed to give it complete authority. That was brought to my attention, and I asked that this order be issued, which is word for word as issued here, and it was done very promptly. I asked to have the nurses graded in the regulations right after the second lieutenants. At the present time the aviator and the cadet is between the second lieutenant and the Army Nurse Corps. The Chief of Staff was sympathetic with this proposition, but in referring the matter to the Judge Advocate General he told me that the Judge Advocate General gave the opinion that the aviator was on the status of an officer, and therefore he could not comply with the request at this time.

SENATOR CHAMBERLAIN. Was it practically enforced during the war time?

GEN. IRELAND. This regulation?

SENATOR CHAMBERLAIN. Or the substance of it.

GEN. IRELAND. I think so, sir.

SENATOR CHAMBERLAIN. Have you had any complaint from the head nurses in the different hospitals—

GEN. IRELAND. In France?

SENATOR CHAMBERLIN. Yes.

GEN. IRELAND. Senator, I had no complaint in France whatever. The work

[<sup>2</sup> The Surgeon General seems to be in error on this point. As finally issued by the War Department, Section 1421½ was not identical with the English provision, but read as follows:

1421½. As regards medical and sanitary matters and work in connection with the sick, members of the Army Nurse Corps and Army Nurse Corps Reserve are to be regarded as having authority *in matters pertaining to their professional duties (the care of sick and wounded)* in and about military hospital next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due to their position.

The phrase "in matters pertaining to their professional duties (the care of sick and wounded)" was added to the English provision by the United States Army War College. Over the construction of this phrase considerable difference of opinion seems to have arisen. Some Commanding Officers are reported to have thought that it was intended not as an extension of the nurse's authority, but as a specific limitation on her power as contemplated by the English expression. Such men, therefore, did not give additional authority to their nurses, but held that their authority did not extend beyond *the person of the patient* and that the ward master was still to have control of ward matters such as ventilation, light, temperature, sanitary conditions, supplies, equipment, personal property, etc. It is further understood that it was the ambiguity of this American addition that caused Dora E. Thompson, Superintendent of the Army Nurse Corps, later to urge the amendment of sections 279 and 313 of the Medical Manual so as definitely to state the scope of the authority of the head nurse in relation to the ward master and so clear up some of the confusion caused by the addition of the ambiguous phrase to the English provision as to status.]

in France was perfectly splendid and these little things did not come up over there. I have heard of the disrespect paid to the nurses and all these things *only since my return*. I may say that the present Superintendent of the Nurse Corps, Miss Stimson, was the chief nurse in France. She is in my office, and after her return *I asked her what foundation there was for so many of these reports, and she said there was none whatever. She said that she did not believe them at all;* and I think she is making a statement in the Nurses' Journal this month refuting a great many of these stories.

SENATOR CHAMBERLAIN. Well, I will say that I have heard of it not generally, and I have only heard of it from a few.

GEN. IRELAND. You must remember that a great many things occurred as an incident to the war. I have seen at the front nurses huddled together in a building, who had arrived there at 2 o'clock in the morning, and it is a fact that they were not having the comforts that they expected, or that we expected them to have. But that was the condition in war. The nurses were not complaining of the conditions they were living under, but they were just as proud as they could be to be there. In the transportation of the nurses in France I have heard of complaints; that they were compelled to go in box cars; and maybe it was true, when they were needed in a hurry, and they were needed in a hurry when drives were on. It would not surprise me at all if it was true, but I dare say that the complaint did not come from the nurses who were transported in the box cars, because the nurses were glad to be there and were glad to get any transportation as a method of reaching their work.

SENATOR CHAMBERLAIN. Do you think that in the matter of transportation like that, any discrimination was made against the nurses and in favor of the officers?

GEN. IRELAND. No; not at all.

THE CHAIRMAN. And how about on the transports? I have heard something of complaints in regard to that.

GEN. IRELAND. Well, under the regulations, a member of the Army Nurse Corps is entitled to first-class transportation on a transport. Right there I believe there may have been some cause for complaint. As we all know, a great deal of to-do was made because of the fact that many of the officers were transported in the hold of the ship, when they were sent home. I do not know of anything like that occurring with the nurses. I do not know that that charge has been made, but it would not surprise me at all if they were not given first-class transportation, but it was a question of the nurses remaining an indefinite time in France or accepting the accommodations which were at hand.

THE CHAIRMAN. And the nurses usually accepted it?

GEN. IRELAND. And the nurses usually accepted it; and in the most splendid spirit.

THE CHAIRMAN. And in the allotment of space in the first-class accommodations, in the matter of transportation, the nurses would come after the second lieutenants, would they not?

GEN. IRELAND. Yes; she would come after the second lieutenant in the allotment of space, but she is entitled to first-class transportation under the regulations.

THE CHAIRMAN. Senator Jones introduced a bill on June 16, 1919, extending relative rank, so called, to members of the Army Nurse Corps, giving to the superintendents, the rank of major; the assistant superintendents, directors, and assistant directors the relative rank of captain; the chief nurses the relative

rank of first lieutenant; and nurses the relative rank of second lieutenant. I submitted that bill to the Secretary of War for an opinion. I will ask that the bill be printed in the record at this point.

(The bill referred to is here printed in the record, as follows:)

A BILL To grant rank to the Army Nurse Corps, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the members of the Army Nurse Corps shall have relative rank as follows: The superintendent shall have the relative rank of major; the assistant superintendents, directors, and assistant directors the relative rank of captain; chief nurses the relative rank of first lieutenant; and nurses the relative rank of second lieutenant; and as regards medical and sanitary matters and all other work within the line of their professional duties shall have and shall be regarded as having authority in and about military hospitals next after the medical officers of the Army, and shall wear the insignia of the rank in the Army to which their rank corresponds.*

THE CHAIRMAN. As stated, I submitted that bill to the Secretary of War for an opinion, and I think it might be well to have this letter, sent to me in reply to my inquiry, printed in the record. I will read it now.

August 28, 1919.

In reply to your memorandum of August 20, 1919, in which you request to be furnished with the views of the War Department relative to the bill (S. 1737) "To grant rank to the Army Nurse Corps, and for other purposes," I beg to inform you that the War Department is opposed to the provisions of the proposed bill.

The bestowal of the relative rank upon Army nurses as provided for in the bill, while not actually providing them with commissions, would in effect result in placing a considerable number of Army nurses above a large number of Army officers, including medical officers under whom they are serving in hospitals. Under regulations issued by the War Department, members of the Army Nurse Corps have been given rank above all enlisted men in the Army, and as regards medical and sanitary matters and work in connection with the sick have authority in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due to their position.

The enactment of the proposed legislation would not, in my opinion, serve any useful purpose.

Respectfully,

NEWTON D. BAKER,  
*Secretary of War.*

SENATOR CHAMBERLAIN. Does that opinion coincide with yours?

GEN. IRELAND. Substantially, sir.

THE CHAIRMAN. And what is the custom in the Canadian and Australian Armies?

GEN. IRELAND. They have a rank in the Canadian Army, but as to the Australian Army I am not certain.

THE CHAIRMAN. I think that they have a rank in the Australian Army, too.

GEN. IRELAND. Yes; a relative rank, but I am not sure about the Australian.

THE CHAIRMAN. How does it work?

GEN. IRELAND. I have never been in contact with the Canadian service. I understand that they run very good hospitals; that they had very good hospitals. One of the centers in France—the British centers—where we had a hospital—you know we sent six hospitals over there to the British—there was a Canadian hospital next to one of ours, and they said that they ran a very good hospital.

THE CHAIRMAN. You never conversed with the Canadian and Australian officers about this, did you, General?

GEN. IRELAND. Not at all.

THE CHAIRMAN. It seems that some of the nurses think it very important that they be permitted in some way to wear an insignia—something more than a mere "U. S."—denoting a rank which the enlisted men would recognize as representing authority; and therefore they request for relative rank something official, something more than the mere publication of a regulation such as the one that you have.

Their contention is that while the overwhelming majority of the enlisted men patients or orderlies were a decent lot, and had due respect for the nurses, occasionally a roughneck comes in, who, instructed to do something by the nurse, says, "Oh, you don't amount to anything; you are no better than I am."

GEN. IRELAND. Well, I do not know whether the conferring of the relative rank would correct that or not.

THE CHAIRMAN. And those same men have had it drilled into them before coming into the hospital to recognize authority as displayed by a shoulder bar, and they are more apt to obey instructions given by the nurse if she has the insignia on her uniform than if she has not?

GEN. IRELAND. I think those instances are comparatively rare, Mr. Chairman.

THE CHAIRMAN. What injury do you think would be done to the Medical Department by the installation of a relative rank? Do you fear something?

GEN. IRELAND. No; I do not fear anything. I cannot point out the injuries that would be done to the Medical Service. I think it would be a very great mistake to give all of the nurses rank. If the question came up as to who should have rank, it certainly should be confined to those who have supervision and not those who are doing the work.

THE CHAIRMAN. This bill gives that rank in four grades—this Jones bill.

GEN. IRELAND. On that subject, I think probably the Chief of Staff would give very clear ideas if he were given an opportunity.

THE CHAIRMAN. We never asked Gen. March about this. In fact, we have never questioned any officer before, but we thought we would ask you because you were in touch with the whole situation. I have questioned sometimes, in discussing this bill, the advisability of conferring the relative rank of major or captain on the theory that even though the functions of the nurse major and nurse captain might not often collide with the functions of the medical major or medical captain, nevertheless, occasions might arise where rank would count. Your lowest grade in the Medical Service is first lieutenant, isn't it?

GEN. IRELAND. Yes, sir.

THE CHAIRMAN. I was wondering if some compromise could not be worked out by which the nurse should have the relative rank of second lieutenant, thereby filling in a gap in your service, and, perhaps, give her the required authority without doing any harm. I cannot say that I am expert in the organization of a Medical Corps.

(At this point the discussion returned to the question of medical men. Later, Miss Parsons was called upon and the discussion on Rank for Nurses was resumed, as follows:)

THE CHAIRMAN. Miss Parsons, will you give your name and position to the reporter?

MISS PARSONS. I am superintendent of the Training School for Nurses at the Massachusetts General Hospital, Boston, Mass., and I was formerly chief

nurse at the United States Base Hospital No. 6, American Expeditionary Forces, at Bordeaux, France.

THE CHAIRMAN. Now, Miss Parsons, I happen to know that you have some views as to the relative rank of nurses and the committee will be glad to have you express them.

MISS PARSONS. Thank you very much for giving me that opportunity. When I went over to France as chief nurse of Base Hospital No. 6 I went with the Massachusetts General Hospital Unit, most of whom were friends. The commanding officer was at that time Maj. Frederic A. Washburn, and the entire unit was made up almost entirely of persons who knew one another. Very soon, when we began to function, we found difficulties between the nurses and certain types of orderlies. At first, to be sure, while we were by ourselves, there was comparatively very little difficulty; a good class of men had volunteered for the hospital work, and the work went along very smoothly with a minimum of friction. Pretty soon, however, members of our unit began to be called away to other posts and new men and new nurses came in. Our best corps men were gradually taken out of the wards and promoted to positions as secretaries or as assistants in laboratories or in camps where they had no trained nurses. Our real difficulties we found began then.

Col. Washburn, or Maj. Washburn, as he was then, and Col. Babcock, our two commanding officers, were both extremely loyal to the Army and the Army system, and they both put forth every effort to make the Army regulations about the nurses effective. Curiously enough, Regulation 1421½, to which Gen. Ireland has referred, first reached Col. Washburn not from the War Department, but by way of a friend of mine in Boston. This friend, knowing something of the predicament in which Army nurses were because of lack of status, had written her Congressman about it. In replying he had sent her an official copy of the War Department order issuing Regulation 1421½. When I received that I showed it to Col. Washburn. Seeing that it was official, he tried at once to put it into effect. He had it posted in all the wards and had the company commander call all the enlisted men of the detachment together and instruct them that the provisions of 1421½ as to the authority of the nurses were to be strictly observed and the authority of the nurses respected and obeyed.

At that time we were all feeling our way; we had not as yet formed any violent opinions about the need for rank or had any preconceived notions. We all tried very hard to make this regulation work; but it did not work, and, gentlemen, I can assure you that so far as its practical results in increasing our efficiency in the Army were concerned, it was not worth the paper it was written on. The more difficult our work became the more important it was that the nurses should be obeyed without question. Yet the more pressed we were, the worse became the conditions with the orderlies, because in the midst of the drives there was no time to go through the prescribed military channels, such as the head sergeant, the ward surgeon, the company commander, or the commanding officer in order to complain of an orderly's incompetency or disobedience.

As a result, Col. Washburn was brought to believe that rank for the Nurse Corps would help matters. He has written us a letter indorsing commissioned rank for the nurses and stating his belief that it is important that nurses in charge of wards should be given the necessary rank in order to secure the obedience of orderlies and patients. This became the opinion also of both our chief of medical staff and our chief of surgical staff. They feel that rank, and insignia indicating that rank, are essential to the nurse's full efficiency. These

views entertained by both officers and nurses are the result of our personal experience. Yet I flatter myself that we had at Base 6 as harmonious a unit as there was functioning in France, with as few marks as any other against its record, either individual or collective.

Miss Stimson, the present acting superintendent of the Army Nurse Corps, to whom Gen. Ireland has referred, did not have the experience of working under the A. E. F. as a chief nurse. The unit of which she was the head had been assigned to a British hospital. After about a year she was called to the office of the Red Cross in Paris. Not until November 2, 1918, nine days before the signing of the armistice, was she made director of the Army Nurse Corps in France. She was therefore not officially conversant with the difficulties of the units in the A. E. F. hospitals during the progress of the war. Very soon, too, after the armistice the nurses who had been working hard during the war began to be sent back to this country. Consequently for very many nurses both the occasion and the opportunity ceased for reporting to Miss Stimson difficulties that might otherwise have been brought to her attention.

Miss Stimson made trips as fast as she could to the various units remaining in France. The major difficulties were reported to her and I know that she was kept busy trying to get certain troubles of paramount importance straightened out. The matters bearing on rank we did not especially dwell upon. Those of us who had given much thought to our status had come to the conclusion that we ought to have rank, with its insignia; but we felt that the war was no time for us over there to push the matter. If our friends at home could get it for us, so much the better, but we ourselves had no time for anything but our work.

As to the hardships in transportation, I think Gen. Ireland is right in saying that the nurses made very little complaint. When they believed that nothing better could be done for them, they were willing to ride in box cars, do without supplies, and put up with bad food or anything else which the exigencies of war made necessary. But when it became obvious that a great many of the things they were called upon to endure were not necessary, they objected and are still objecting.

And not all of the difficulties experienced arose during the high pressure of the war. Most of them occurred after the armistice had been signed. Some of them occurred right here in America. I am going to tell you just one experience in connection with my own unit, which was one of the first to go over, regarding transportation. It will show the indeterminate position which the trained nurse occupies in the Army, after 20 years' service—that is, 20 years after the establishment of the Army Nurse Corps.

When the time came for our unit to go from Boston to New York for embarkation, Maj. Washburn asked the quartermaster who had been assigned to us to arrange for our transportation, as the officers of our unit were to be sent to a camp and we nurses were to go on to New York by ourselves. When I got to the train on June 28, 1917, a very hot evening as it proved, I was surprised to find that all of the nurses, including myself, had been assigned two to a berth, and that we were one berth short at that. Some of us wondered why such a doubling-up process should have to begin so far away from the fighting, but nobody complained, and I mentioned the incident only casually to Maj. Washburn when we met in New York. On hearing about it he was really furious, for he thought it was an inexcusable thing to have happen. As a result, when eventually we arrived at La Havre, France, he took personal pains to see that his nurses had first-class accommodations on the trains and that they were not unduly crowded in the compartments.



This episode clearly illustrates the fact, I think, that the Army was not accustomed to giving the nurses a definite and dignified position in the Army organization. Many other incidents also proved this. For instance, an order came to our post stating that leaves of absence might begin to go into effect. The adjutant summoned me to his office and told me to begin to arrange for my nurses to go on leave. "Where are they to go?" I asked. He looked at the order, which prescribed that officers might go to certain areas and enlisted men to certain others, but found no specification whatever about the nurses. After thinking it over, he said, "I don't know where they can go. The order doesn't say a word about the nurses. You will have to put off their leaves until I can get word back from headquarters." So the nurses had to wait until his inquiry could reach headquarters and an answer be returned.

Thinking of this recalls still another incident, trifling in itself but supporting my theory. There was a luxury tax imposed upon purchases in France. Some time after the armistice an order came from headquarters allowing a certain percentage off from this luxury tax for officers and a certain other percentage off for enlisted men on their presentation of certain printed slips which were ordered furnished to them. No mention was made of the nurses. No slips were provided for them and except in those cases in which their friends presented them with their own rebate slips the nurses kept on paying the luxury tax.

If I had known that I was to speak here to-day, I should have come prepared to tell you of numerous other instances showing how forgotten we nurses were in many ways and proving clearly that it is high time, now that there is peace for a while, to give the nurses of the Army a definite and dignified position. A great many of the better class of nurses feel that they would have to be drafted into the service if there were to be another war, unless rank should be given them. As things were, our lack of position not only decreased our efficiency, but it was very humiliating to us, especially in a foreign country. Whenever we came in contact with the Australian, the Canadian, or the British nurses, we could not fail to see that the way in which those nurses were organized and looked after was in marked contrast with our own.

THE CHAIRMAN. Is that true of the British service?

MISS PARSONS. That is true of the British service. The British nurses have a very dignified position. It is so dignified that it is generally supposed that they have rank.

THE CHAIRMAN. Gen. Ireland has told us that they do not have rank.

MISS PARSONS. He is correct. They do not have rank *per se*. But their status has been so clearly defined and so carefully upheld through the influence of Queen Alexandra, for whom they have been named, that it has been equivalent to rank in the dignity, respect, and obedience it has commanded. Because their position is established on so high a plane, ninety-nine men out of a hundred will tell you that the English nurses have rank. I understood Gen. Ireland to say that our regulation 1421½ is exactly the same as the regulation governing the English nurses. That is not strictly accurate; 1421½ contains several additional phrases which do not appear in the English provision. I understand that in some of our hospitals they were interpreted as limiting the nurses' authority instead of extending it.

The surgeons general of the Canadian and the Australian armies, where relative rank has been in effect for six and four years, respectively, gave unqualified indorsement to it. Surg. Gen. Fetherston, of Melbourne, has stated in

a report to our Medical Department that the system has worked most smoothly, with great benefit to the military hospitals, and that all the troubles formerly experienced by his nurses have been eliminated.

He says that while in theory the view may be correct that a nurse's personality rather than a uniform or a badge of rank should compel obedience, he has not found this theory true in military practice. Gentlemen, I ask you whether you think a nurse in a ward where she has from 50 to 70 patients should have to rely upon her personality alone to secure for her the help she needs in her care of the patients? The officers do not, I assure you. Of course, it is a splendid thing when a nurse has personality and such charm that she wins obedience through them. But personality and charm were not enough at our base when we were left with men of such poor caliber for our assistants—men who were lazy and men who could neither read nor write. Indeed, it sometimes seemed that all the riffraff came to us in the wards. I have had nurses come to me in the midst of the drives and say, "I don't care whether we have orderlies or not if the commanding officer will only let us keep the convalescent patients and not send them out on fatigue." Some of the orderlies, I am glad to say, were intelligent. Such men were splendid help, but they were passing on to other positions all the time, and men who could not read or write, men who were absolutely lazy, men who drank, those were the men put in the wards to help the nurses take care of our boys.

This has been my experience, and I venture to say that my experience, as compared with that of many others, was a very comfortable one. Nurses who were assigned as casuals, who had to go to the front, sometimes without an officer to look after their interests, had far more trying times. One of our nurses who was an expert anesthetist went up with a hospital team to the front. She and another were split off for a while from the rest of the little group. For two or three months she had not received her pay. She was in great need of money and went to the quartermaster in that sector, begging for some of what was due her. He said, "I can't pay you; I have authority to pay the officers and the enlisted men, but I have nothing in my orders about paying nurses." She had to borrow from the officers, and it was months before the matter was finally straightened out.

Please understand that nothing I have said in the way of criticism is personal. It is the system which I criticize. The Army nursing system as at present organized and as compared with that in civilian hospitals is pretty bad. A great many other experts in hospital administration will bear me out in this statement.

THE CHAIRMAN. We are very glad to have your views and thank you for coming.

MISS PARSONS. I certainly am very grateful to you gentlemen for listening to me.

(Thereupon, at 5.35 o'clock p. m., the hearing was adjourned subject to the call of the chairman.)